to therapy for any of nine therapeutic classes. METHODS: This prospective rand-
omized two-arm pilot study was performed on patients recruited by phar-
macy calls to discuss their newly prescribed medication within three days after dispensing (n=219,611) or a control group that received no calls (n=225,497). We tracked patients’ claims data for 180 days to evaluate their medication adher-
ence. Baseline demographic characteristics and therapeutic class distribution were compared between groups. Medication adherence was measured by Patient Days on Therapy (PDT) within 180 days for every targeted therapeutic class (anti-angiogenic agents, b-blockers, diuretics, anti-asthmatic and bronchodilator agents, genitu-
mary agents, anti-depressants, anti-Parkinson, anti-coagulants, and hematologi-
cal agents) and overall. Significance was determined using t and F tests between intervention and control groups. RESULTS: Both intervention and control groups had similar baseline demographic and therapeutic class distributions (P<0.05). Comparison by therapeutic class found large variations of adherence with hema-
tological agents, antihypertensives, and anti-asthmatics. The greatest adherence with the intervention group was achieved by the antihypertensive agents (mean PDT 84.89). CONCLUSIONS: Antihypertensive medication adherence was higher than the control group, demonstrating the effectiveness of this intervention in improving medication adherence. The results suggest that patients who receive calls from the pharmacist to discuss their newly prescribed medication within 3 days after dispensing are more likely to adhere to their prescribed medication than those who do not.

PHS84 NAGS AFFECTING ACCESS AND ADHERENCE TO THE RECOMMENDED LEVEL OF DIABETES CARE IN TYPE 2 DIABETES ADULTS

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OBJECTIVES: The objective of this study was to assess realized access, determine the existence of equitably available and inequitable access and find the factors affecting the adherence to the diabetes care components. METHODS: Behavioral Risk Factor Surveillance System (BRFSS) 2010 was used as the data source. Hierarchical logistic regression was used to determine equitable or inequitable access to the recommended levels of diabetes care. Data analysis was performed using SAS @ version 9.2. RESULTS: Realized access was highest for biannual glycosylated hemoglobin (HbA1c) testing (80.40%) followed by annual dilated eye examination (70.59%) and self-monitoring of blood glucose (SMBG) (63.00%). Hierarchical logistic regres-
sion revealed, enabling resources drove access to recommended level of SMBG and HbA1c testing, while recommended level of eye exams were driven by predisposing characteristics. Uninsured individuals and those who did not receive diabetes edu-
cation were less likely to adhere to diabetes care. CONCLUSIONS: Realization of daily SMBG needs to be increased by appropriate measures. The results suggest that the comparative access components. Thus, measures for increasing equitable access are recommended. Knowing the factors affecting adherence to diabetes care may assist intervention planners, diabetes educators and health care professionals in improving diabetes management.

PHS85 DETERMINING PATIENT SATISFACTION, PERCEPTION OF VALUE, AND MONETARY WORTH ASSOCIATED WITH ADHERENCE PACKAGING AND PHARMACY SERVICES

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OBJECTIVES: Pharmacists can impact the medication adherence problem by offering adherence packaging and specialized services. Evaluating products and services that patients perceive as valuable and worthwhile can determine the impact these services can have on improving adherence. Understanding consumer perspectives is important to determine continued use and expansion of such products and services. Objectives include to: (1) evaluate patients’ satisfaction with the services, (2) assess patients’ perceptions of the value and monetary worth of adherence packaging and delivery services, and (3) determine a dollar amount patients’ view as a worthy investment for services. METHODS: Patients and caregivers >18 years of age with at least six medications, three chronic conditions, and six months of adherence packaging utilization at a community pharmacy in Toledo, Ohio were studied. Services included pharmacist-provided counseling, refill synchronization, follow-up phone calls, and delivery services. Three structured focus group sessions were conducted. Satisfaction was assessed using surveys and follow-up questions. Show of hands and discussion were used to determine the value/impact on medication taking behavior and outcomes. Monetary worth/dollar amounts were obtained through written responses to open-ended questions. Responses analyzed using percentages and frequency dis-
tributions. RESULTS: Thirty patients and caregivers participated and 93% (28/30) were satisfied with services provided. Participants reported adherence packaging and services led to fewer ER visits/hospitalizations and assisted in bringing blood sugar and blood pressure closer to goal. Two participants felt adherence pack-
aging was priceless and could not put a monetary value on the product or services. Participants reported the following monetary values: up to $50 per month (adher-
ence packaging only), $75 per month (adherence packaging with delivery), $100 (adherence packaging with counseling), and $120 (adherence packaging, delivery, and counsel-
ing). CONCLUSIONS: Overall, individuals were satisfied and saw value in the services and认为 services positively impacted health outcomes. Payers and health plans should consider offering such products/services to their customers.

PHS86 MILITARY VETERANS’ PERCEPTIONS OF DISAGREEMENT WITH THEIR PROVIDER REGARDING THEIR MEDICALLY UNEXPLAINED SYMPTOMS ARE ASSOCIATED WITH LOWER SATISFACTION AND INTENTIONS TO ADHERE TO TREATMENT AND POORER HEALTH-OUTCOME EXPECTATIONS

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OBJECTIVES: Medically unexplained symptoms (MUS) are pervasive amongst returning veterans from military operations abroad. Veteran perceptions of MUS treatment, adherence and improvement, but little is known about patients’ perceptions of disagreement with their providers about MUS and its effect on adherence and outcome expectations. Given the inherent uncertainty on both the patient’s and the provider’s part regarding MUS, it is likely that there is much room for disagree-
ment, particularly perceived disagreement on the part of the patient, and a patient who disagrees with the provider is less likely to adhere to the recommendations for treatment and therefore less likely to see improvement in his/her condition. The study evaluated and associated the agreement with their primary care providers regarding the MUS overall and the relationship of these perceptions to behaviors and outcomes of interest. We hypothesized that per-
disagreement regarding treatment adherence would be negatively associated with care, and expectations for MUS-improvement. METHODS: Veterans (n=180) experiencing MUS reported on perceived disagreement with their provider regarding the MUS, intentions to adhere, expectations for MUS improvement, and satisfac-
tion with primary care. A 17-item Likert scale, ranging from 0 (disagree) to 5 (agree), 33% of veterans reported moderate disagreement, 22% perceived slight/minor disagreement, 26% perceived moderate disagreement, 10% perceived quite a bit of disagreement, and 9% perceived complete disagree-
ment. Results were expected with significant relationships between perceived disagreement and intentions to adhere (174)= -0.21, p<0.01) and satisfaction with